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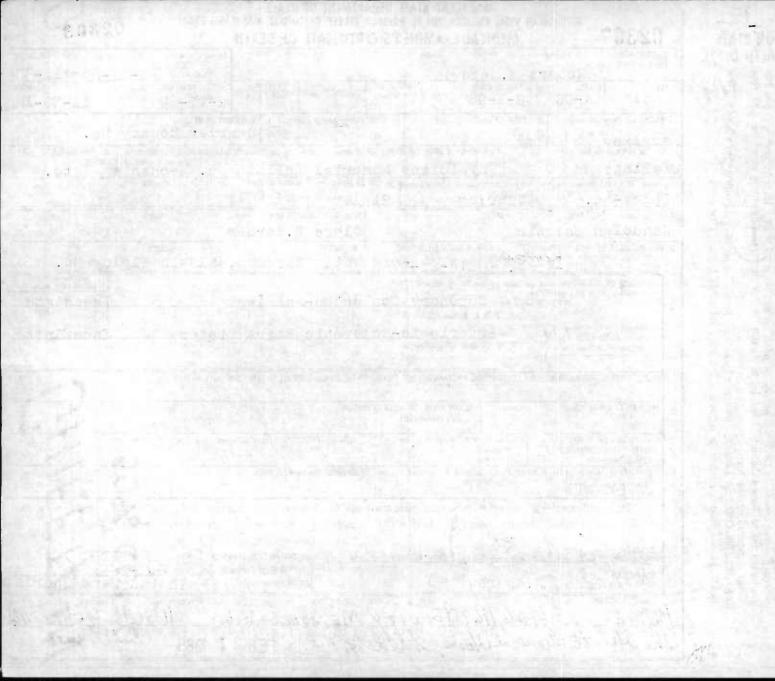
necessary, please execute the certificate, writing the word "pending" in penal in Team 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Madical Control of the TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINED'S CERTIFICATE OF DEATH

02303

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H DEPT.		ECEASED-NAME Type or Print)	First		Midd	ne	Last			2a. DATE KNOWN Month	Doy Year 2b. HOUR
e a	L'	11	Rober	t M.Ba	ldwin						22-69 19 11-30M
The state of the s	3. S		RACE	S. DATE OF BIRT	Н	6. AGE (In year	IF UNDER 1 YEAR			2c. DATE PRONOUNCED DEAD	2d. HOUR
2 E		Male	W-US	9-1-0	8	(Tigst) birthday)	RS. MONTHS DAYS	HOURS	MIN.	2-M212-69 Day	YELL-30-RM
ba	70	BIRTHPLACE (State or	foreign 17	b. CITIZEN OF WHA	T COLINTRY2		MARRIED NEVER	MADDIED	0 (0)	NTY OF DEATH	- 17 J
Depart	coun	tryl		JSA	COUNTRY					arles County	Ma
To to	Ma	rvland						IVORCED			HU.
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d2 with the State De		USUAL RESIDENCE (before 13c. C	TY OR TOWN	13d. INSIDE CITY		13e. STREET AND NUMBER	
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and 2	_	ATHER'S NAME	First	Middle	<u> </u>	Lost	Is. MOTHER'S A			Middle	Lost
Tand		andolph				6031					LOST
E 55							Clara	v.wa.	r.de1		
pages		WAS DECEASED EVER I	N U.S. ARMED FO	ORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT			ADDRESS	
	Y	es	US-A		214-28	3-9746	Wife	Caro.	I A,	Baldwin Rip	oley Md.
		IB. CAUSE OF DE	ATH (Enter only	one cause per lin	e far (a), (b), a	and (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
medical permit. It within		PART 1. DEAT	H WAS CALISED	RV.			lusion	3/1-			
per t w		11100	IMMEDIAI	, ,		0	LUSTON	-Mass	I ve		Immediate
ansit pe		Canditions, if any,	which gave		AS A CONSEQUE						
ran.		rise to immediate		(b) Ar	terio	tic-S	eleroti	e Hea	rt.	Disease	Indefinite
al-tra any	3.6	stating the under	lying cause	DUE TO, OR	AS A CONSEQUE	NCE OF					
a the Uniet I burial-transit in any ever		last.	,	(c)		75	and the last				
and and		PART 2. OTHER SIGN	NIFICANT CONDIT	TIONS CONTRIBUTION	G TO DEATH B	UT NOT RELATI	D TO THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN IN PART 1(a)	
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e used as remaval,	CERTIFICATION	19a. DATE OF OPER	ATION		19b. CONDITION	FOR WHICH	PERATION	100			20. AUTOPSY?
us	FIGA				WAS PERFORMED?						YES NO TO
be 1 d be ar re	ERT	21o. EXTERNAL CAU	2AVAF 32	215 TIME OF I	NJURY Month, D	m. Your	212 HOW INTHRY	OCCUPATO AT		re af injury in Part 1 or Part 2,	
s. sould an, ar	AL C	PRIMARY OR CO				uy, reui	ZIC. HOW INJUKT	OCCORNED (EI	iter noru	re at injury in Part 1 of Part 2,	Item 10.)
shau files. 3 sho natiar	MEDICAL	CAUSE OF DEATH		P.M		19					
3 = 5	8	21d. INJURY OCCUR		LACE OF INJURY (A	home, form,	street,	21f. LOCATION Stre	et or R.F.D. No		City ar Tawn	County State
rage 4 shaulo ar yaur files. R:Page 3 shou al, crematian,		WHILE NOT W	ORK C	ory, ornice bollating	, cic.,						
e tuneral director. Page 4 may be retained far yaur FUNERAL DIRECTOR: Page raith priar ta burial, crem		22a. cer	tify that I to	ak charge of th	e remains de	escribed abo	ve, held an Au	itansy 🗀.	Ins	pectian 🔀 Inquiry 🖡	and in my apinian
or. CTO f	100	death resul		Natural cause		ccident	Suicide	Hamicio	_	Undetermined manne	
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y b		EXAMINER'S			15 D			DEPUTY MEDICA			25-69
the tuneral direct 5 may be retaine 5 FUNERAL DIRE Health priar ta		NAME (Type) J		E.Andre	ws MD			DDRESS(Street	t, city, ta	wn, or county Indian	Head Charles
5 may b TO FUNER Health	23g	BURIAL, CREMATION	N, 23b.	DATE	23c. NA	ME OF CEMETE	RY OR CREMATORY		23d.	LOCATION (City or Town)	(County) , (Stote)
	1	REMOVAL (Specify)	Fol	26.190	9/101	1/17	MEM	10 Pist	Do.	lave 11)7/-	orfichac MI
	R	FUNERAL DIRECTOR	11.1	11	1 IKI	ADDRESS	1 10	2Sa. REC	D BY RFO	GISTRAR 25b. REGISTRAR	S SIGNATURE.
VR A15ME (5)	12	Ke Hun	the The	mes al ch	forme	Wald	ost his	DATE FI		7 1969 yell	
10M REV. 1/68	415	,		. 01	1	, we	77	DATE	_ U ~	* 100p	W



Arehart Funeral Home, Inc .- La Plata, Md.

VR A15ME (5)

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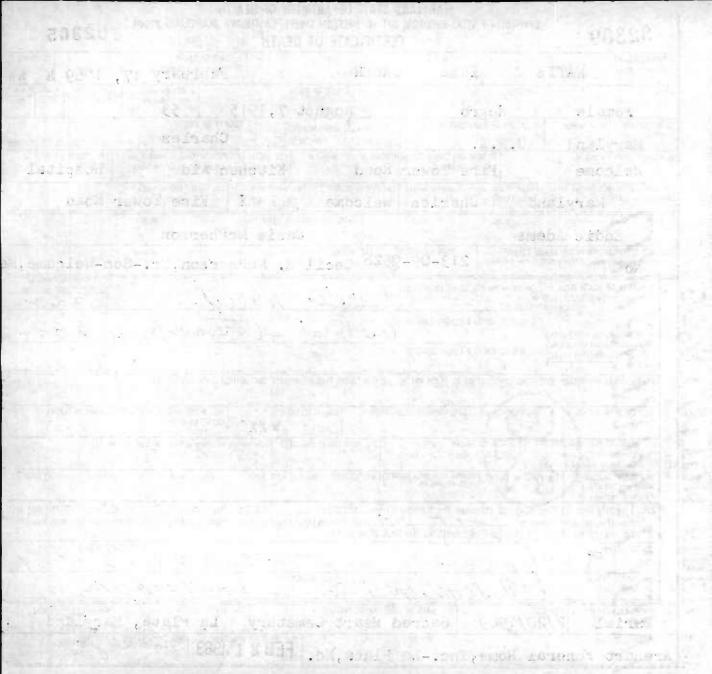
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02305

	DECEASED-NAME (Type or print)	KATIE		Middle EZ	CAGER	Last	20. DATE O	oruary 17	⁹⁴ , 1569	2b. HOUR
3. :	Femal	.e	4. RACE Negro		A	DATE OF BIRTH ugust 7,1	915	6. AGE (In years last birthday) 73 YRS.	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
CO	BIRTHPLACE (State or untry) Maryla	nd	U.S.A.		WIDOWED [NEVER MARRIED DIVORCED		arles		Md
00	Velcon	ne	My the f	FHOSPITAL OR INS	Road	dKill of	rehenkin	N (Kind of work done	12b. KIND OF	ital
) 8 odr	i. USUAL RESIDENCE (V mission) STATE Ma	here deceosed ryland	lived, if institution: R 13b. COUNTY Ch	esidence before arles	Welco	me YES 🗆	NO [X]	TREET AND NUMBER Fire Towe	er Road	
	Eddi	^{First} .e Adar		Last			First McPh	Middle erson		Last
16	a. WAS DECEASED EVER Yes, no pr unknawn)	IN U.S. ARMED (If yes give war or	FORCES? dates of service) 16b.	social security in 13-09-	9526 C	ecil E. M	CPher	son, Sr S	Son-Wel	come,N
9	18. CAUSE OF DEA PART I. DEATH	TH (Enter only of WAS CAUSED BY IMMEDIATE		(o), (b), ond (c).	diab	ete M	relli	tu	APPRÓXII BETWEEN O	MATE INTERVAL NSET AND DEATH
20%	Canditians, if ony, rise ta immediate stoting the underlost.	which gave cause (o),	DUE TO, OR AS A (b)		Ceret	dial a	ther	seleco	u 5-	gr.
N	1000	NIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE OF	RCONDITION GIV	EN IN PART 1(o)		
CERTIFICATION	19a. DATE OF OPERAT	TON 19b. CON	IDITION FOR WHICH O	PERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO.		IF YES, WERE FINDINGS ES OF DEATH?	CONSIDERED IN CE	RTIFYING
DICAL CE		CAUSE OF DEATH	P.M.	onth Doy Year		INJURY OCCURRED (En	4517-119	ury in Port 1 ar Port 2,	, Item 18.)	
×	21d. INJURY OCCUR While Not while of wark at wark					TION Street ar R.F.D. N		y or Town	Caunty	State
	22a. I certify t saw the d causes sta	hat (I) (this leceased alive	naspital) attende e an) (we) (did) (did	d the decease / 5 l nat) view the	ed fram ====================================	, 19_ hat in (my) (aur) a ath.	جم , ta_ pinian death			(I) (we) las and fram th
3	22b. SIGNATURE	nje	nuxo		DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	DATE SIGNED	7-69
1	22d. PHYSICIAN'S NAME (Type)	1/ /-	M.10	HNS 07	V M	22e. ADDRESS	LA	PLATA	my	
23	BURIAL, CREMATION	23b. DAT 2/20	/1969		cemetery or ce d Hear	EMATORY t Cemeter	23d. LOCAT	ion (City or Town) a Plata,		(Stote) nd
Alac I	. FUNERAL DIRECTOR	unera	L Home I	ADDRESS ncLa	Plata	Md PATEB	2 1 19E	2Sb. REGISTRAR	SSIGNATURE	1 20.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02306 02310 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH death. and (Type or print) 6. AGE (In years last brithday) IF UNDER 1 YEAR 4. RACE 3. SEX Pages 1 hours after MONTHS 9. COUNTY OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and campletely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country Maryland USA WIDOWED Charles DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) Physicians INDUSTRY pau La Plata ¥. Mem. Hosp. 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER remave car 13d. INSIDE CITY LIMITS? 13b. COUNTY YES Charles Issue burial, crematian, ar removal, and in any 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last First John V. Herbert Margaret Norris physician 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 52-6025 Yes, na, ar unknown) Star Rt.2. Ripley Rd Helen attending physpermit. Then f 1B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b) PART I, DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-transit p Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION CAUSES OF DEATH? NO A YES 🗀 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Not while at wark 220. I certify that (1) (this haspital) oftended the deceased from saw the deceased alive on 1907, and that couses stated grove (1) (we) (did) (did nat) view the body after death. 1967, and that in (my) (our) opinion death occurred on the date and hour and from the 22c. DATE SIGNED 3/1/1969 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS La Plata, Md. NAME (Type) 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL, CREMATION, Issue, Charles, Maryland BEMOVAL (Spacify) 4,1969 Holy Ghost Cemetery Mabch 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Funeral Home Inc., La Plata, d. DATE MAR 30M REV. 1/68 Arehart

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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priyski signed burial-l burial,		PART 2

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

Middle Lost 2a. DATE OF DEATH NAME First 2b HOUR Charles Murray Fletcher 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) W-US CE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Charles County USA Md. tland WIDOWED TO DIVORCED [TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) bury Md give street oddress) Clerk-Retired 13e. STREET AND NUMBER ESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? STATE Marylankish countyCharles larbury Md. YES NO First Middle Last 15. MOTHER'S MAIDEN NAME First Last s Fletcher Margeret W Watters CEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 03-26-9224 Grandaughter-Claire Smywh-Marburt USE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart Indefinite DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t indefinite (b) General Arterio Sclerosis rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Indefinite WAging Process PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19o. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO J YES | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram 2-18-09 to 2-20-09 19 saw the deceased glive an 2-28-69 and that in (my) topy point an death occurred an the date and have and from the 19 causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 3-1-59 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS James E. Andrews MD NAME (Type) Indian Head Md. 23c. NAME OF CEMETERY OR CREMATORY 280 BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Tawn) Burial (Specify) 1969 Trinity Mem. Gardens, Waldorf, Charles, Md. March 250. RECUTEY RECUSTRA 3 69 256. REGISTRAR'S SIGNA 24. FUNERAL DIRECTOR

Funeral Home Inc., La Plata, Md, DATE MAR

Poge 4 may be retained by the hospital or attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

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. D. . () Lines () Liver to the company of the co

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02312 02308 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First death. (Type or print) Mary B. 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 4. RACE 3. SEX loss birthdoy) MONTHS July 8,1887 Cauc. Female 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Maryland Maryland low requires that the death certificate be executed within 24 ha please remove carbon papers. Charles USA WIDOWED DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Hosp. warking the reven if retired.) Physicians INDUSTRY_ Memorial La Plata 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Maryland NO G 13b. COUNTY Charles YES 🗌 Rock Point buriol, cremation, or removol, and in any 15. MOTHER'S MAIDEN NAME First Middle Last 14. FATHER'S NAME Lost Gideon Davis John W. Furbush 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) Wm. A. Furbush, La Plata, Maryland the offending physical then p 220-34-2957D APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if any which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospitol or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Heolth prior to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO₃ YES 🗌 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical exominer) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town 21d. INJURY OCCURRED 21e. PLACE OF INJURY County While Not while at wark 22a. I certify that (I) (this hospital) extended the deceased from sow the deceased alive on ________ fond t sow the deceosed alive on____ and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (we) (did) (did nat) view the body after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) La Plata, Maryland E.J. Edelen M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, 23b. DATE Bur Tal Specify) Issue, Charles Holy Ghost Feb. 5.1969 ADDRESS 24. FUNERAL DIRECTOR Arehart Funeral Home Inc., La Plata, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02309 CERTIFICATE OF DEATH 2b. HOUR 20. DATE OF DEATH First Middle . DECEASED-NAME OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Feb. (Type or print) ANDREW CARLTON GARDINER 6. AGE (In years IF UNDER I YEAR S. DATE OF BIRTH 4. RACE 3. SEX last birthdoy) Nov.30,1885 White Male 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Charles signed by the ottending physicion and completely filled in buriol-tronsit permit. Then please remove corbon papers. burial, cremotion, or removal, and in any event, within 72 h U.S.A. Faulkner.Md. DIVORCED [WIDOWED [12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during Mesto two king life ie gene if re Bed 5 i MEUSTRY give sphoods cans Memorial La Plata 13c. CITY OR TOWN 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES NO X Charles Faulkner Md -IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost Middle Lucy Higdon Gardiner Thomas Richard 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates of service) Yes, no or unknown) Hugh Gardiner Jr .- Faulkner . Md 220-34-8776 Mt. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and to PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) State Dept. of Health prior to as the CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED County City or Town While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from ______, log__, ta____, ta____, that (I) (we) last saw the deceased alive an ______, 19 ____, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above. (I) (we) (did) (did nat) view the bady after death. O FUNERAL DIRECTOR: After director, page 3 should should be filed with the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) M.D. La Plata, Md. Edelen. 23d. LOCATION (City or Town) (Stote) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) 3/1/1969 St. Ignatius Cemetery Bel Alton. Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Arehart Funeral Home, Inc.-La Plata, Md. DATE MAR

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PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditians, if any, which gove) rise ta immediate couse (a), stoting the underlying couse

19o. DATE OF OPERATION

21d. INJURY OCCURRED

While Not while at work

21o. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(If either, natify medical examiner)

DECEASED-NAME

(Type ar print)

odmission) STATE

14. FATHER'S NAME

3. SEX

death.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

Month Doy Year

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Nasda 07. D

21b. TIME OF INJURY

P.M.

HOUR A.M.

21e. PLACE OF INJURY

20a. AUTOPSY? NO DO YES 🗍

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

02310

CAYS

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

MONTHS

6. ASE (In years lost birthday)

Middle

elores

Address

2b. HOUR

6004

IF UNDER 24 HRS

HOURS

Last

Tra

BETWEEN ONSET AND GEATH

Stote

3 days.

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.)

(AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County

220. I certify that (I) (this haspital) attended the deceased from 1969, to 1769, to causes stated above, (1) (we) (did) (did not) view the body after death.

ATTENDING DEGREE PHYS.

MED. DIRECTOR

22c. DATE SIGNED PHYS.

22e. ADDRESS Box 50, Indian dead. Nd. 20640

23a. BURIAL (REMATION, REMOVAL (Specify)

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type)

NAME OF CEMETERY OR CREMATORY INE CEX

23d. LOCATION (City ar Town) MC CONCI

2Sb. REGISTRAR'S SIGNATURE

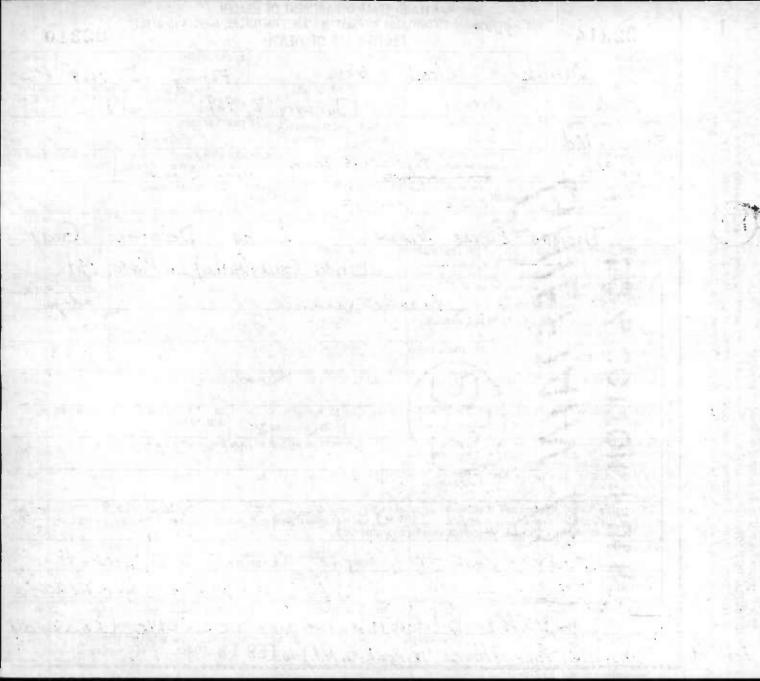
24. FUNERAL DIRECTOR

CERTIFICATION

ADDRESS

2Sa. REC'D BY REGISTRAR
DATE FEB 1 8

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. and carbot filled in by the funeral remove carbon papers. Pages 1 and reapy event, within 72 hours after death and in any signed by the attending physician burial-transit permit. Then please crematian, ar remaval, Page 4 may be retained by the hospital ar attending physician. burial, for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to OR ATTENDING 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02311 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Manth (Type or Print) Laura Grimes ESTIaf DEATH MATED 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2, and 3 PM3 Female! Negro August 21, 1888 lost 600) Departme 7o. BIRTHPLACE (State or foreign 7b. CITIZEN-OF WHAT COUNTRY MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, country) Virginia Charles WIDOWED DIVORCED [10/CIDY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF give street address) during most of working life, even if retired.) **INDUSTRY** 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. ATV OR TOWN) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO hours Office Middle 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME Middle Dabney Allen Henrietta Thompson hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within in pencil (Yes, na, or unknown) (If yes give war or dates of service) Bertha Woodland Indian Head, Maryland File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) permit. be forwarded to the Chief Medical Jorluss "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSECUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T please execute the certificate, pe 21o. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [and in my apinian Inquiry |death resulted from? Suicide [Natural causes . Accident . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth ADDRESS(Street, city, town, or county) NAME (Type) 0 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Carver Memorial Park Maryland 2/10/69 ADDRESS 4-00 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

State

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MARYLAND STATE DEPARTMENT OF HEALTH

24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Page 4 may be retained by the haspital ar attending physician.

DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE, MARYLAND 21201

		0231	7			CERTIFI	CATE OF DEAT	ГН			0231	3
		(Pe or print)	First	100 E	Middle (C William	S	Lost	20.	DATE OF DEATH Month	Doy	Yeor	2b. HOUR
	3. SE.	ale	V Tale	4. RACE		ng. D.	s. DATE OF BIRTH 1-23-188	57	6. AGE (In years last birthdoy)	YRS.	F UNDER 1 YEAR ONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
- 1	coun	IRTHPLACE (Stote try) Wourg		7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED [9. CO U	INTY OF DEATH Charles Co			Md.
2	10. C	TY OR TOWN OF aPlata	DEATH Md	gi E	NAME OF HOSPITAL OR IN ve street oddress) hysicians	s Mem	orial R	ng most of v	UPATION (Kind of work d working life, even if retire d US-Govt	ed.)	12b. KIND OF E INDUSTRY Gov 1	
8	ddmi Ia	ryland	(Where deceos	ed lived, if insti	tution: Residence before	Indi:	an Head ^{ES} M		13e. STREET AND NUMBER	Не	ad Av	e.
4		Emanue			5		s. Mother's Maiden NA Margaret					Lost
	Y	WAS DECEASED ET es, no, or unknown	(If yes give v	var or dates of service)	16b. SOCIAL SECURITY 213-38-48	377	Son-Will	iam (Addre C.McWillia		Md	n Head
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (on representation of the couse (on the couse (on the couse (o), one as a consequence of the couse (o), of the couse (o), one as a consequence of (c)								nde fi	nite		
	N	PART 2. OTHER S	IGNIFICANT COI	NDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED	O THE TERMINAL DISEASI	E OR CONDITI	ON GIVEN IN PART 1(o)			
2	CERTIFICATION	190. DATE OF OPE	RATION 19b.	CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES \ N	10 🔀	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	igs con	SIDERED IN CEI	RTIFYING
	MEDICAL CER	21o. ACCIDENT V or contributing (If either, notify	CAUSE OF OEA	HOUR A.		21c. I	IOW INJURY OCCURRED	(Enter noture	e of injury in Port 1 or Po	rt 2, Itei	m 18.)	
		21d. INJURY OCC	URRED 21e.	PLACE OF INJUR	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City or Town		County	Stote
		220. I certify saw the couses s	thot (I) (the deceased of toted obave	is hospitol) of live on 2 = 7 e, (I) (w/s) (di	ittended the deceas 7—69 d)(did not) view the	ed from3. 19, or bady ofter	−7−1967 , nd thot in (my) (ö⊅t death.	19, Dopinion o	to 2=7=69 deoth occurred an th	, 19 <u> </u>	, that and haur o	(I) (vye) last and from the
(22b. SIGNATURE	nes	90	cilan	DEG	REE PHYS.	MED. DIRECTOR	R STAFF PHYS.		TE SIGNED	
1		PHYSICIAN'S NAME (Type	Jame		drews MD		22e. ADDRESS Indi					
	1	BURIAL, CREMATION REMOVAL (Specify BLITE BLITE)	Fe	b.10.1	ADDRESS	arles	Cath. Co		LOCATION (City or Town) Ldian Head STRAR 2Sb. REGISTI	,Ch	(County) arles	(Stote) Md
180	K	1. J. Sc	hhard	* Owi	ngs Mills	, Md	DATE	FEB 1	1 1969	Clan	Albo Jac	and a second

DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE •

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02318 CERTIFICATE OF DEATH 02314 DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. MESSEN uneral (Type or print) 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years lost birthday) HOURS physician and campletely filled in by ten please remaye carbon papers. Pagaval. and in any event, within 72 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED 10. CITY OR JOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR working life, even if retired.) Wash. Sanitary give street oddress) INDUSTRY Comm. 161 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? NO Charles Cobb 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Last Ellis Russell Henry Messent 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no or unknawn) 578-46-6128 Dorothy Messent, Cobb Island, Md. ar remaval, the attending pthe APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🔽 YES 🗀 use 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 1B.) far OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. P.M. (If either, natify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram. _19 <u>G</u>, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive anshauld causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE **ATTENDING** MED. DIRECTOR directar, page 3 shauld be filed v DEGREE PHYS. 22e. ADDRESS PHYSICIAN'S Page 4 may 1ARWOOD NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (State) 23o. BURIAL, CREMATION 23b. DATE (County) Burial (Specify) Wayside, Charles, Md. Feb. 5, 1969 Christ Church 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 30M REV. 13 Williams on Vergate Funeral Home Inc., LaPlata, Md. DATE EFR 1 A 1000

1 1 7 5 , on€C Time (Zince +2)2= - Frag. hamisi qeed aslised to be bruity to Illerent time _____ meason grade \ . Do. Gall Tare 1800, the Breat Section Spic-Ou-755, 12 17 17 50

in confidence were the property of

Shiloh M.E.
ADDRESS

rehart Funeral Home Inc. La Plata Md.

DATEF

Bryans Road Charles Md.
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1000

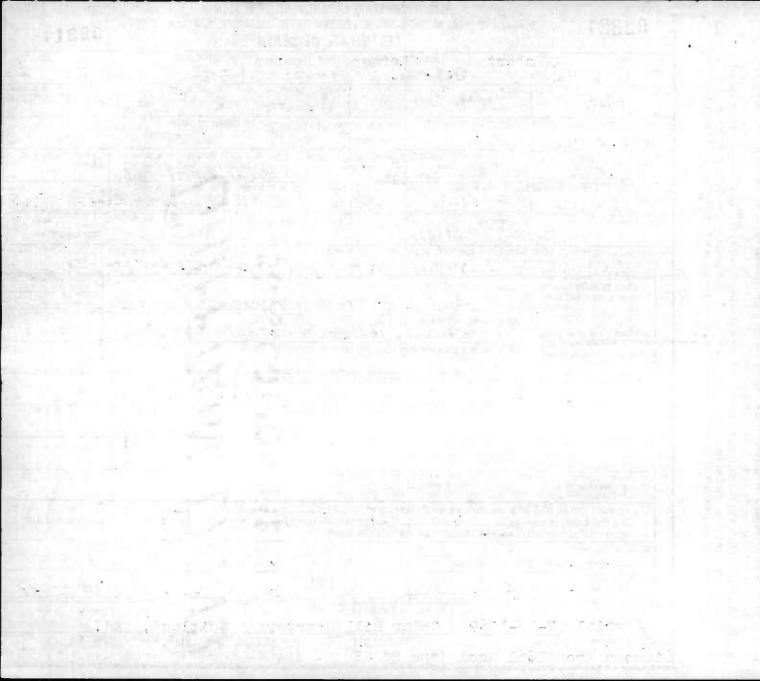
24. FUNERAL DIRECTOR VR A15 (4)

REMOVAL (Specify)

Live ataly at, our eros or as a research

WOOD WATER TO THE WATER CO.

#188B



FOR STATE HEALTH DEPT. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3-ta the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page ny deloy is TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages I and 2-with the State Department of the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DICAL EXAMINER: This certificate should be executed within 24 hours-after death Health prior to buriol, cremation, or removal, and in any event within 72 hours offer death.

5 moy be retoined for your files.

VR A15ME (5) 10M REV. 1/68

TO DEPUT

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02318

1. DECEASED-NAME First Middle Lost 2o. DATE KNOW!	Month Day Year 26 HOHR
(Type or Print) RUBY PETERSON PHELPS OF ESTI- DEATH MATER	_ 0 01
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours if UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOL	
lost birthdov) MONTHS DAYS HOURS MIN 44-46-	ry Day 25 Year 1969 4:15 M
	ry 23 1909 P M
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
COUNTRY Maryland USA WIDOWED DIVORCED ☐ CHARLE	
III. NAME OF HOSPITAL OR INSTITUTION (IT not in nospital 12d. USUAL OCCUPATION (Kind o	
LA PLATA give street oddress) LA PLATA Physicians Memorial Hosp. Supervisor-emp	secur. State govet
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND	NUMBER
	armugat Court
14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First	Middle Lost
*	
	Ruby Gotee
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 63 DECEMBER 18 (1998) 16b. SOCIAL SECURITY NO. 17. INFORMANT	avies Ave
	ont. N.J.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease	DETWEEN UNSET AND DEATH
4/2 DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which gave	
rise ta immediate cause (a), (b)	
stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
(c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	l(o)
2	
9 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
WAS PERFORMED?	YES 🔀 NO
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Parl	
CAUSE OF DEATH	County State
210. Total of the of th	County Stote
WHILE NOT WHILE foctory, office building, etc.)	
220. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [],	Inquiry , ond in my opinion
death resulted fram: Natural causes K Accident Suicide Homicide Undetermin	ed manner
CHIEF MEDICAL EXAMINER	
ACTUAL (V)	22b. DATE SIGNED
DEDITY MEDICAL EVAMINED TO	ebruary 27, 1969
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ADDRESS(Street, city, town, or county)	ebidary 27, 1909
Appreciation, city, town, of custiff	Tarah Marah
REMOVAL (Specify)	r Tawn) (County) (State)
Burial 3/1/69 St. Anne's Cemetery Annapo	lis A.A. Md.
24. EUNERAL DIRECTOR E. Hopping Seuly E.	REGISTRAR'S SIGNATURE ACLIANCE JUSSE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02319 CERTIFICATE OF DEATH Middle 2b. HOUR 2a. DATE OF DEATH DECEASED-NAME Manth 9 (Type ar print) M. IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 3. SFX White lost bastingoy) Male Feb. 19, 1907 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Wyom. Charles U.S.A. WIDOWED A DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give strep provisicans Memorial Hisspirit reging life regringing of Revoluting New Provision Revoluting Revoluting New Provision Revolution Rev La Plata 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland COUNTY Riverview Village Indian Head Charles Middle 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Martha Wagstaff W. Phipps Albert Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) 712-07-0309 C.R. Newhouser-Son-in-law, Indian Head 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave signed by the burial-transit p rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO P YES [21b. TIME OF INJURY 21o. ACCIDENT WAS UNDERLYING 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 1-30, 1964, to 2-2, 1969, that (I) (we) lost sow the deceased olive on 2-2, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth 22b, SIGNATUR 22c. DATE SIGNED ATTENDING directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) (Stote) 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 23b. DATE 23o. BURIAL, CREMATION, Wyom. Evenston 25b. REGISTRAR'S SIGNATURE Evanston WVOM 2Sa. REC'D BY REGISTRAR VR A15 (4) Funeral Home, Inc. - La Plata, Md, DATFEB 30M REV, 1/68

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12b. KIND OF BUSINESS OR NOUSIRY Home

BETWEEN DISET AND DEATH

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(Stote)

Caunty

(Caunty)

Milemila, Undas

DAFR

IF UNDER 1 YEAR

2b. HOUR

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	xecuted	within	24	haurs	after	-

certificate

requires that the death

please

burial-transit

as the

for

O FUNERAL DIRECTOR: After this certificate has been

be retained by the haspital or

CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME Middle (Type or print) MARTHA MARTE "SCHERDIN" Month 4 RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) White June 6.1903 Female within 72 hours 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED ANEVER MARRIED 9. COUNTY OF DEATH country) Towa U.S.A. CHARLES DIVORCED | IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done Thysicans Mem. Hospitaling most of working life iver if retired.) La Plata 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Charles YES NO ST Marbury Sweden Point Road 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Last Daniel Nellie Scherdin Kent and 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) Claude Pitts-Husband-Marbury.Md Mr. 18. CAUSE OF DEATH (Enter only one couse per line fag (g), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate couse (a), DUE TO. OR AS ACCONSEQUENCE stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES TO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while ot wark 220. I certify that (I) (this hospital) attended the deceased from 29 fam., 1969, to 65 fam., 1969, that (I) (we) lost saw the deceased alive on 5 fam., 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE director, page shauld be filed PHYS 22d PHYSICIAN'S 22e. ADDRESS LARWOOD CLIVE. NAME (Type) WOODD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, BIREMON AL (Specify) 2/11/1969 Resthaven Cemetery Baton Rouge, La. 24. Author huse Funeral Home, Incoppessa Plata, Md 250. RECO BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

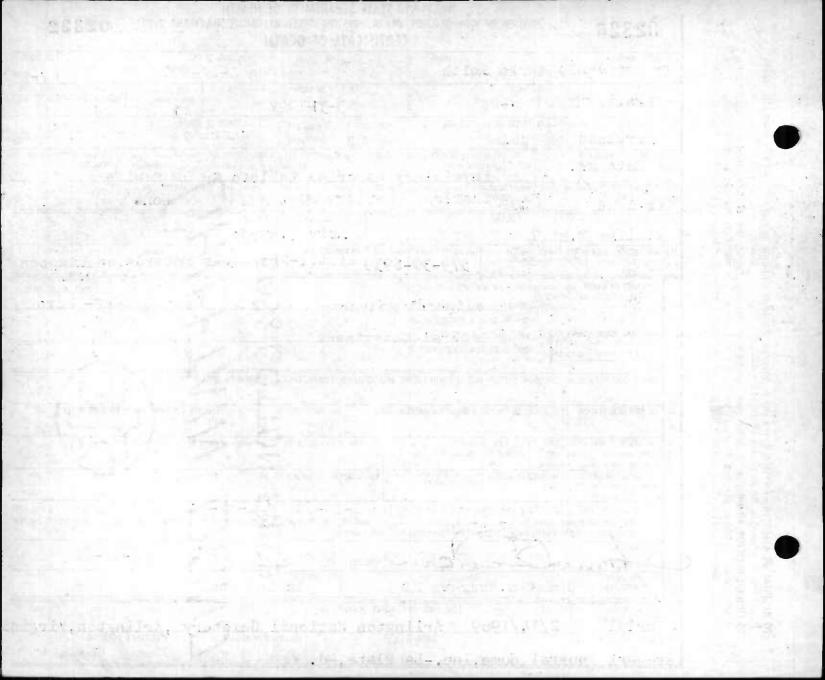
Welsh Funeral Home, Baton Rouge, La.

VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02321 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN (Type or Print) OF ESTI-3 to DEATH MATED IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD pup MONTHS YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF, WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED - DIVORCED Give Poges lond 2 with the State 10. CITY OF TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of w 13g. USUAL 13d. INSIDE CITY LIMITS? ISIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER. STATE 13b. COUNTY in Item 18. ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle hours poges 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO be executed within pencil File 2 within 18. CAUSE OF DEATH (Enter only one cause per line for (p), 16 permit. 1 PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE O buriol-tronsit Canditians, if any, which gave rise to immediate cause (a), writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause the .⊑ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D 05 removol, be used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO [should be 0 21g. EXTERNAL CAUSE WAS 3 should 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State FUNERAL DIRECTOR: Page factory, affice building, etc.) NOT WHILE AT WORK 22a. I certify that I taak sharge of the remains described above, held an Autapsy ... Inspection ... Inquiry and in my apinian Accident death resulted from: afural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE EXAMINER'S** Heolth NAME (Type) ADDRESS(Sheet, city, tawn, or county) 0 BURIAL, CREMATION, OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 2/28/69 Ft. Lincoln Cemetery Washington, D. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE 10M REV. 1/68

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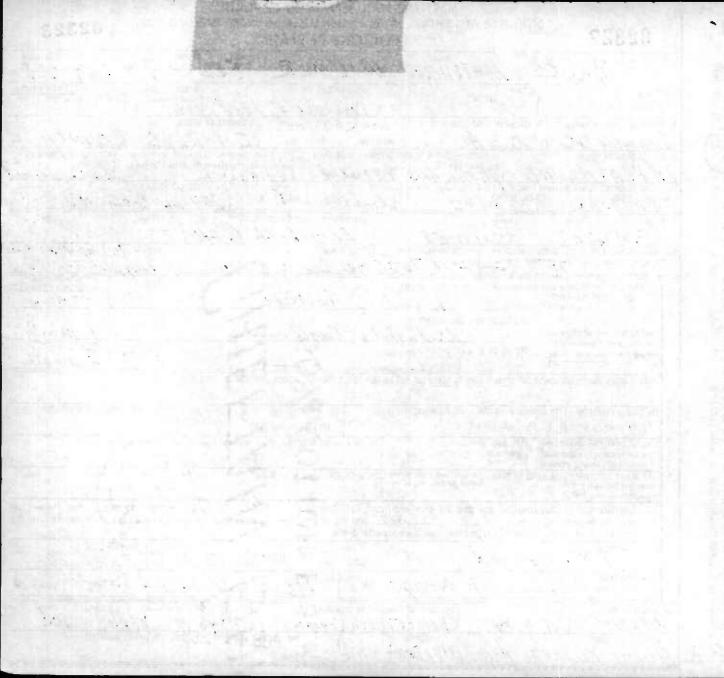
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

,		02327	DIVISION OF VITAL RECORDS,		ATE OF DEATH	IMORE, MARYLAN	ID 21201	023	23
		ECEASED-NAME Prirst (Ype or print) BRUC	E MATTHEWS	(N)	LMER	Feb Mo	onth 7 Doy	14019	2b. HOUR S 4 J N
	3. SE	Male.	4. RACE	S	DATE OF BIRTH	10 15 lost	(In years birthdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
	cour	AShington D.C	76. CITIZEN OF WHAT COUNTRY?	WIDOWED		9. COUNTY OF DEATH	ES	2000	Ty Md
2	1	APLATA, P	11. NAME OF HOSPITAL OR IN give street oddress)	MEMO	RIN during, m	AL OCCUPATION (Kind of ost of warring life, even	en if retired.)	12b. KIND OF B INDUSTRY	
8	odmi	USUAL RESIDENCE (Where deceos ission) STATE IN A C Y CA N I) FATHER'S NAME First	ed lived, if institution: Residence before	BRYAN	S RD. YES NO	204	- 1	ws RD	r
/		13 R UCE WAS DECEASED EVER IN U.S. ARN	Middle Lost LO I I E R AED FORCES? 16b. SOCIAL SECURITY	1	MOTHER'S MAIDEN NAME F LIZAGE HA ORMANT	GARS	7	04 MA+1	Lost
	Y	(es, no, or unknown) (If ves	For one couse per line for (o), (b), and (c)	50 ME	s. DORIS W	ILMER	2 - 7	ALUS 12 d	ATE INTERVAL
		PART I. DEATH WAS CAUSED	D BY: OTE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	1.62	failure	3		BETWEEN ON	days
	Ţ	Conditions, if ony, which gove rise to immediote couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	shhè	Carciner	na.		2 m	onth.
ď	7	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PA	RT 1(o)		
2	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CALISES OF DEA	ERE FINDINGS CO ATH?	NSIDERED IN CER	RTIFYING
j	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medicol exomin	HOUR A.M. Month Doy Yeor	9	/ INJURY OCCURRED (Ente		rt 1 or Port 2, It	em 18.)	
	M	ot work ot work	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	Marie and	1.1.	4	n	County	Stote
		saw the deceased a causes stated obove	is hospital) attended the deceose live an	927, ond	that in (my) (our) opi	nion deoth occurre	ed on the dot	e ond hour a	(I) (we) las
		22d PHYSICIAN'S	voddy. M.	DEGREE		NED. STAFF	22c. D.	Fei 6	,9
1		NAME (Type) ART	HUR O' WOOD	DY. MI		OD CZINIC		ATA. MO	720646
	B	BURIAL, (REMATION, 23b. I REMOVAL (Specify)	11,1969 Christ	Church	Cometery	23d. LOCATION (City	ChAR	Allen mile	(Stote)
X	24.	FUNERAL DIRECTOR -	EAL Home, WALDO	ef mo	DATE 25d. PED E	y Registrate 96925	b. REGISTRAR'S	SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the far director, page 3 should be detached for use as the burial-tronsit permit. Then pleose remove corbon pages. Pages 1, should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 bours after milled in by the



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